

Kingsbrook Jewish Medical Center

185 Schenectady Avenue, Brooklyn, NY 11203 * (718) 604-5461

Radiology Report

NAME:	YOUNG, VALERIE	Date of Birth:	08/06/1955
#: 0	052937	Sex:	F
Idal/Pl#:	9896150	Date of Exam:	05/05/2005
Location:	RAD- RADIOLOGY REGISTRATION {descp}	Date of Order:	05/05/2005 10:30
Attending MD:	JOVAN MILOS	Ordered By:	JOVAN MILOS
Adm/Reg:	May 5 2005 10:23AM	Referred By:	UNASSIGNED
Discharge:		Accession #:	337521

*****Final Report*******CLINICAL HISTORY:** \ pain**XRY 0921 - LUMBAR SACRAL COMPLETE - May 5 2005****REASON FOR EXAM:** Pain.**FINDINGS:** Radiographic examination of the lumbosacral spine was performed in AP, lateral, and coned-down views.

There is narrowing and sclerosis with bridging osteophytosis noted at the L5-S1 level with mild osteophytosis seen at the other lumbar levels. The other intervertebral disc spaces appear well maintained. The foramina appear patent. Sclerosis is noted at the facet joint especially noted at the L5-S1 level. There is no evidence of fracture or dislocation.

IMPRESSION: Degenerative changes specifically noted at the L5-S1 level. No fracture or dislocation. If pain persists, we would recommend CT or MR.

My 05/14/05

Interpreting Physician: LAMONT D. BROWN M.D. May 7 2005 8:46A
Transcribed by / Date: PSC on May 7 2005 4:16P
Approved Electronically by / Date: HODGES JASON L. May 9 2005 8:29A

CQC92

NAME (Last) <u>Young</u> (First) <u>Valeri</u> (MI) _____	CN NO / DOB NUMBER _____	DATE OF BIRTH <u>08/06/55</u>	GENDER <u>F</u>
ADDRESS <u>1 BDC 314</u>	IS CLIENT ELIGIBLE FOR MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICARE NUMBER _____	
CONSULTING SERVICE <u>Radiology KJMC</u>	MEDICAID NUMBER <u>BZ 66389C</u>		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS

For X-Ray L-S spine

PRESENT MEDICATIONS

PHYSICIAN

Milos Jovan MD 642-6124

Date

05/03/08

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT _____

XRAY

EXAMS: L-S SPINE

DATE: 05/03/08

BY: CR

(USE BACK OF FORM IF NECESSARY)

Signed _____

FACILITY/AGENCY

OMROD

CONSULTATION REQUEST

CQC93

35 (MCG/IM) (7-03)